PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or up to the state of				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
23117 7	590 04/28/2004		\ <u>`</u> _	have its own certificat	e of mailing or transmission.	<u>.</u>
NIXON & VANI 1100 N GLEBE RO 8TH FLOOR	2 0 2004 (%)	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.				
ARLINGTON, VA 22201-4714			P TRADEMARK OF		(Depositor's name)	
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/868,062	09/14/2001	Conny Anderss		on	281274	5349
TITLE OF INVENTION: N	METHOD FOR DETERMIN	ING THE NEEDEL	O AMOUNT OF ST	RUCTURE MODIFYII	NG AGENT TO BE ADDED	TO CAST IRON
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$0	\$1330	07/28/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
ANDREWS, MELVYN J		1742		075-377000	00	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR Address form PTO/SB/122) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SinterCast AB Stockholm, Sweden Please check the appropriate assignee category or categories (will not be printed on the patent); 2						
This collection of inform obtain or retain a benefit	Reg. No. 38, and Publication Fee (if requires a registered attorney or a records of the United States For the public which is to the state of the public which is to the public which is to the state of	red) will not be acgent; or the assign atent and Trademan R 1.311. The information and by the US	ee or other party rk Office. mation is required SPTO to process)	01 FC:1501	AREGAY2 00000022 0986	8062 1330.00 OP 9.00 OP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.